

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1.
  - a. Whether there should be additional reimbursement for DOS 04/11/01.
  - b. The request was received on 03/20/02

## **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution dated 03/20/02
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC 60 and Response to a Request for Dispute Resolution dated 03/22/02
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The dispute file does not contain the requestor's 14 day additional information or a carrier's 14 day response. The Findings and Decision will be based on both parties initial submission of documentation.

## **III. PARTIES' POSITIONS**

1. Requestor: Per letter dated 03/20/02  
"When testing the lower extremities, a bilateral F-wave and R-reflex study is part of the diagnostic study. Therefore, the 95935-50 is a payable procedure."
2. Respondent: Per letter dated 03/22/02  
"Upon review of the report attached to the medical dispute, the provider has been overpaid in the amount of \$53.00. He was paid for 3 units of 95935 @ \$53.00 each, totaling \$159.00. He should only have been paid for 2 units of 95935 @ \$53.00 each totaling \$106.00 (one H-reflex study and one F-wave study for the right lower extremity)."

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1&2), the only date of service eligible for review is 04/11/01.
2. The carrier's EOB has the denial "G – THIS PROCEDURE IS INCIDENTAL TO THE PRIMARY PROCEDURE, AND DOES NOT WARRANT SEPARATE REIMBURSEMENT."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
04/11/01	95935-50	\$400.00 (2 units)	\$0.00	G	\$53.00 per study	MFG, MGR (IV)(B)(2)(a-d), CPT & modifier descriptor	The provider billed for bilateral "F" & "H" reflex studies. The medical documentation indicates that the injury is to the one (lower) extremity. Per the referenced MGR the "H" bilateral study should be reimbursed and the "F" bilateral study is not reimbursed. Therefore, provider is entitled to \$53.00.
04/11/01	95935	\$400.00 (2 units)	\$159.00	N/A	\$53.00 per study	MFG, MGR (IV)(B)(2)(a-d), CPT descriptor	The provider billed for "F" & "H" reflex studies (2 units billed). The carrier's EOBs indicate that the carrier reimbursed \$159.00 or 3 units. The provider only billed 2 units, which are supported by the medical documentation. The carrier is due credit for the \$53.00 overpayment.
<b>Totals</b>		\$800.00	\$159.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 20<sup>th</sup> day of May 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.